



Preferred Risk Mutual Presents

**"Reducing
The Risk"
of
Child Sexual Abuse
in Your Church**

**A Step-By-Step Guide To
Implementing A Prevention Program**

For Workshop Leaders

by James F. Cobble, Jr., D.Min., Ed.D

Preferred Risk is committed to reducing all types of risk for your church. By working together to prevent costly financial and emotional losses, we can help control your insurance costs.

For additional copies of this booklet, the "Reducing The Risk" video, and other loss prevention materials, call ...

1-800-321-5754

NOTE: Preferred Risk conducts inspections only to assist its staff in the underwriting process. These inspections are not a substitute for a complete inspection by a certified loss prevention engineer or risk management consultant. Preferred Risk does not warrant or represent that its inspections detect all hazards, and any remedial or corrective suggestions may not encompass all hazards or applicable legal requirements.

Preferred Risk Mutual Insurance Company

Reducing the Risk of Child Sexual Abuse in Your Church

A Step-By-Step Guide To Implementing A Prevention Program

James F. Cobble, Jr., D.Min., Ed.D

© 1994 by Church Law & Tax Report. All rights reserved. This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold with the understanding that the publisher is not engaged in rendering legal, accounting, or other professional service. If legal advice or other expert assistance is required, the services of a competent professional person should be sought. "From a Declaration of Principles jointly adopted by a Committee of the American Bar Association and a Committee of Publishers and Associations." Christian Ministry Resources, PO Box 1098, Matthews, NC 28106, (704) 841-8066.

Introduction

This guide provides a ten step approach to launching a program in your church to reduce the risk of child sexual abuse. These steps are not intended to be an exact blueprint that every church should follow. They do however, provide a point of departure that your church can use to create its own program.

Goals

This guide focuses on achieving four goals.

1. *To make your church a safe place for children.* All other goals are subservient to this one.
2. *To lower your church's legal risk by establishing a program that meets the test of reasonable care.* If your church ever faces a charge of negligence related to a case of child sexual molestation, the outcome of the case will largely depend upon two factors. First, what policies and procedures does your church have regarding the selection and supervision of church workers (both paid and volunteer), and second, to what degree were those policies and procedures followed in the case under consideration. The perception of reasonable care may vary from one individual to another. While no single standard of care exists that can be applied to every situation, that is not to say that no standards exist. The National Child Protection Act of 1993 and the congressional record that accompanies it provide guidance on this issue. The resource kit that accompanies this guide attempts to help churches establish a "safe harbor" of reasonable care.
3. *To protect the workers of your church from false allegations of abuse.* A false allegation devastates the accused and his or her family. One's finances, health, and reputation can be destroyed. Civil and criminal convictions can occur even though the individual is innocent. The importance of this goal should not be diminished.
4. *To design a program that meets the above goals while maintaining the integrity of church programs and staffing needs.* Focusing upon child sexual abuse evokes a wide spectrum of emotions and concerns within a church. Adult survivors of such abuse may experience emotional pain and renewed suffering. Church leaders may fear that proposed policies and procedures will negatively impact church programs. Consensus may be hard to achieve concerning screening volunteer church workers. The process of creating and implementing a prevention program is not automatic or completely predictable. By drawing upon the experience of churches who have gone through this process, this guide identifies possible roadblocks that you may encounter, and provides suggestions on reducing and responding to them. What works in one church may not work in another. While every church will experience some problems and tension in responding to the issue of child sexual abuse, a successful program can be established.

Launching a program takes time

The time frame to complete these steps takes months, not weeks. Program success depends upon the support and understanding of church leaders, church workers, and congregational members. Failure to adequately orient people to the need for a prevention program will undercut, and potentially derail, your efforts. Time taken to build a solid base of support will be rewarded in the end.

The resource kit

This guide is part of a resource kit. Use it with the following three resources:

- *Reducing the Risk of Child Sexual Abuse.* A 96-page reference book that provides detailed guidance on establishing a risk reduction program. In this guide, the book will be referred to simply as "the book."
- *Reducing the Risk of Child Sexual Abuse Training Manual.* This manual provides detailed lesson plans for various groups within your church. References to this manual will be noted as the *Training Manual*.
- *Reducing the Risk Video.* A two-part video that enlists the support of church leaders, workers, and members to establish a risk reduction program. References to the video will be noted as "the video."

Step 1: Become Informed

Church leaders often express shock and disbelief that child sexual abuse occurs within local churches. Your first step is to become informed concerning this problem so that you can clearly communicate the need for preventive action to others.

ACTION PLAN

Concerns	Tasks	Roadblocks	Strategy
1. The problem of child sexual abuse is not well understood within the church. 2. Many myths and misconceptions exist about this problem. 3. You must be able to answer questions and reduce fears to establish an effective program.	1. View video. 2. Read book. 3. Obtain local resources (check with social service agencies). 4. Monitor local papers and news media.	1. Time. 2. Apathy.	1. Create a schedule with deadlines to complete each task.

Step 2: Show Video Tape to Church Leaders

The video tape, *Reducing the Risk*, is the single most important tool you have to enlist the support of your church leaders to combat this problem. Follow the instructional outline in Chapter 3 of *Reducing the Risk of Child Sexual Abuse Training Manual* as you enlist the support of church leaders.

ACTION PLAN

Concerns	Tasks	Roadblocks	Strategy
1. To enlist the support of key leaders.	1. Get viewing the video on the agenda of a leadership meeting. 2. Prepare a brief presentation using the outline found in Chapter 4 of the <i>Training Manual</i>. 3. Gain approval to establish a prevention program.	1. The overwhelming view that churches are safe places and that such problems do not occur within churches. 2. Acceptance of the problem, but a feeling that “our” church is different—no one here could ever do such a thing. 3. Acceptance of the problem, but a passive response—nothing is ever done. 4. Resistance to doing anything for fear that volunteer workers will be scared away from serving.	1. Meet with key opinion leaders and explain why they should see the video. 2. Don’t focus on the specifics of what your church should do. Rather, build a consensus that a prevention program is important. 3. Place emphasis upon providing a safe place for the children. 4. Help leaders understand that the liabilities associated with this problem are potentially enormous.

Step 3: Form Policy Committee/Task Force

Once the decision is made to establish a prevention program, you will need to form a committee to establish policies and procedures. Your concern at this step is not to create policies, but to recruit the best possible people to work with you to establish the prevention plan.

ACTION PLAN

Concerns	Tasks	Roadblocks	Strategy
1. To recruit people who care about reducing the risk of child abuse. 2 To recruit capable people who can work together to establish effective policies.	1. Interview potential committee members. 2. Select members. 3. Schedule meetings.	1. Lack of interest. 2. Few qualified candidates.	1. Find people who care about this concern or who may have professional experience in dealing with this or related concerns (social workers, teachers, day care workers, doctors, etc.) . 2. Recruit church workers and leaders who work with the church's children and youth. 3. If few candidates are available, try to enlist the help of one or two governing leaders. Proceed alone if necessary.

Step 4: Orient Policy Committee

The first meeting of the committee should be educational. Follow the instructional outline found in Chapter 4 of your *Training Manual*. Group members should understand the nature of this problem and how it affects the church before creating any policies or procedures.

ACTION PLAN

Concerns	Tasks	Roadblocks	Strategy
1. Members must understand the key issues. 2. Members should identify the risks that may be present within the church.	1. Give each member of the committee a copy of the book. 2. Have a group viewing of the video. 3. Conduct a risk analysis of your church's programs	1. Passive involvement. 2. Scheduling problems. 3. Lack of resources.	1. Follow the instructional outline in Chapter 4 of the <i>Training Manual</i>. 2. Don't be concerned about establishing specific policies at this step. Keep attention focused upon the nature of the risk and the need for prevention. 3. Assign responsibility to the most committed and knowledgeable members for drafting initial policies that will serve as the focus at the next meeting. Make sure they have a copy of the book.

Step 5: Establish Policies

Rather than starting from scratch, your committee will function best if it has a set of proposed policies that it can react to. Several key members of your group should create such a set of proposed policies (Part 2 of the book can provide assistance in achieving this task).

⇒ **Warning!** Do not create policies that sound good on paper, but which are impossible to perform. Policies should meet the test of reasonable care. That is, given the circumstances, the care provided reflects sound judgment. Failure to follow your own policies may result in negligence on the part of the church if a problem should occur.

ACTION PLAN

Concerns	Tasks	Roadblocks	Strategy
1. To establish policies that meet the test of reasonable care. 2. To establish policies that will be carried out. 3. To establish policies that are appropriate for the level of risk involved.	1. Create screening procedure. 2. Create supervision procedures. 3. Establish reporting procedures. 4. Establishing procedures to respond to an incident if a report should occur.	1. Unrealistic policies: too extreme or too vague. 2. Tunnel vision. 3. Out-of-touch with church programs and workers' needs and expectations. 4. Lack of consensus concerning policies.	1. If possible, obtain sample policies from other churches or organizations that work with children. 2. Review Chapters 4-8 in the book. 3. Review Appendices 2-4 in the book. 4. Have your local social service agency that responds to abuse concerns review your policies. 5. Solicit the feedback and input of church workers and leaders. 6. Recognize that several meetings may be required to complete all tasks. Have patience.

Step 6: Get Policies Approved

Your church should ratify the policies before implementation occurs. Approval should come from the governing leaders. Also note that if church workers do not agree with your policies, successful implementation is unlikely.

ACTION PLAN

Concerns	Tasks	Roadblocks	Strategy
1. The program becomes legitimized only after church leaders approve it. 2. The program becomes possible only if those who must implement it accept it.	1. Submit tentative policies to church leaders. 2. Get feedback and support from ministry leaders and those responsible for carrying out the proposed policies.	1. Leaders may not be sufficiently oriented to the problem. 2. Fears may exist that the policies may hurt the recruitment of volunteer workers.	1. Keep leaders informed during the policy formation process. 2. Reduce fears associated with the implementation process. For example, once volunteer workers understand the importance of the program, our experience indicates they are supportive of church policies to protect children and express pride that their church has taken leadership to address an important societal problem.

Step 7: Educate Church Members

Launching a successful program depends upon building and maintaining the support of church members. Follow the suggestions found in Chapter 9 of the book and Chapter 7 of the *Training Manual*.

ACTION PLAN

Concerns	Tasks	Roadblocks	Strategy
1. Congregational support is linked to the degree of understanding present among church members of the importance and need for a prevention program. 2. To create a culture within the church that will sustain the program. 3. To reduce fears connected to establishing a program.	1. Provide literature, and prepare articles and notices for your church bulletin and newsletter. 2. Designate a special emphasis day. 3. Speak to adult Sunday School classes. 4. Incorporate information into a membership orientation program. 5. Promote special educational events. 6. Make pulpit announcements.	1. Lack of organization. 2. Poor communication.	1. Establish an orientation committee to help organize your educational strategy. 2. Develop a multifaceted communication approach that uses a variety of mediums. 3. Consider contacting the local media to cover your church's attempt to address this problem. Such coverage will create a positive image of your church and encourage the support of all church members. 4. Review Chapter 10 of the book.

Step 8: Train and Screen Workers

The time has arrived to screen church workers. All designated workers should participate regardless of how long they have attended the church. The screening process should be introduced as part of a worker training program. Follow the instructional guidelines found in Chapters 5 and 6 of the *Training Manual*.

ACTION PLAN

Concerns	Tasks	Roadblocks	Strategy
1. To screen out child molesters. 2. To use informed workers that provide a safe environment for children. 3. To lower legal risk. 4. To comply with any applicable legal requirements (some states require certain screening procedures for providers of child care).	1. To screen all designated workers, both paid and volunteer. 2. To organize and conduct a worker's training event. 3. To ensure that all workers understand policies and procedures.	1. Lack of organizational follow-through. 2. Inconsistency in training and screening. 3. Inadequate orientation of workers.	1. By this time, workers should be well aware of the church's concern to reduce the risk of child abuse. A personal letter should be sent to each worker inviting him or her to attend the training session. If desired, the screening form can be included with the letter. Otherwise, the form can be distributed at the training event. 2. A deadline should be established for workers to return the screening form. 3. The focus of the training should always place the welfare and safety of the children above other concerns. That does not mean, however, that other concerns are unimportant.

Step 9: Supervise Workers

While screening helps to ward off molesters who intentionally seek out victims, supervision provides a second vital line of defense against more circumstantial or impulse acts of molestation. Screening alone is insufficient to establish an effective prevention program. Supervision must also occur.

ACTION PLAN

Concerns	Tasks	Roadblocks	Strategy
1. To reduce the risk of situational molestation. 2. To provide accountability for church workers. 3. To reduce legal risk.	1. To monitor activities involving children to ensure that policies are followed. 2. To provide feedback to workers and children when problems occur.	1. Insufficient workers and supervisors. 2. Uninformed workers. 3. Exceptions to the rule (unable to say no). 4. Lack of assertive leadership.	1. All ministry leaders must understand their supervisory roles. Follow the instructional outline in Chapter 5 of the <i>Training Manual</i>. 2. Use role playing in training supervisors. 3. Assign specific responsibilities for supervision at all church activities involving children and youth. 4. Periodically meet with supervisors to review and discuss their needs and concerns.

Step 10: Monitor Program

To be successful, a prevention program must be sustained over time. This is only possible if the program is reviewed periodically and modified to meet changing needs and circumstances. All of the attention and effort that goes into establishing a program can become quickly dissipated. Without proper attention and follow-up, a program can disintegrate.

ACTION PLAN

Concerns	Tasks	Roadblocks	Strategy
1. To maintain program viability over time.	1. To establish set dates for program evaluation.	1. Lack of structure or internal organization	1. To establish an ongoing safety committee who will monitor the prevention program along with other church risk management needs.
2. To adapt to changing needs and circumstances.	2. To check that workers are completing screening forms.	2. Lack of leadership.	
3. To make sure that new workers understand policies and procedures.	3. To solicit feedback from workers with supervisory responsibilities.	3. Desensitized to the magnitude of the problem.	2. To require an annual report to the church governing leaders of the status and viability of the program.
	4. To monitor legal developments.	4. Lack of accurate or up-to-date information.	3. To monitor the bimonthly newsletter <i>Church Law & Tax Report</i> for any legal developments.
	5. To make necessary changes in policies and procedures.		

Conclusion

These ten steps provide a basic blueprint that you can follow in establishing a plan to reduce the risk of child sexual abuse in your church. Every congregation, though, is unique. What works well in one may not in another. Adapt the basic strategy found above to meet the needs of your church. As you implement a plan you are providing protection for your church's children, staff, volunteer workers, and members. You are undertaking an important and valuable task.



Preferred Risk Mutual Insurance
1111 Ashworth Road
West Des Moines, Iowa 50265-3538



**A SPECIAL OFFER TO CHURCHES INSURED BY
PREFERRED RISK GROUP**

"REDUCING THE RISK OF CHILD SEXUAL ABUSE"

Child abuse can devastate an individual, a family and a church. It is a sad fact that children are sometimes molested in church settings. Often the molester is a trusted employee or volunteer who has won the confidence of the congregation and who is "wonderful with kids!"

Many churches today are facing the agony of public humiliation and costly lawsuits because they did not use proper precautions in hiring and supervision of employees and volunteers who have access to children.

Most churches do not plan to do anything wrong; they just don't know the right thing to do. **"Reducing the Risk,"** a dynamic two-part video, provides the critical guidance your church needs to respond to this problem.

Part I of the video portrays the real dangers that child sexual abuse poses to your church. Part II provides clear directions for establishing procedures which will help protect your children and will reduce the risk of child molestation taking place in your church.

A guidebook and a training manual are included with the video. The guidebook provides a comprehensive plan for setting up a prevention and risk reduction program. It contains information on establishing policies and procedures, on screening employees and on how to respond to an allegation of abuse. It comes complete with sample forms.

The training manual provides a blueprint for action and is the basis for training workers. A copy should be provided to each member of the group setting up a program for your church.

Preferred Risk is pleased to share the cost of this material so we can bring it to our policyholders at a greatly reduced price.

An order form is provided for your convenience. Please send for this today and get your congregation involved in a program to reduce the risk of child abuse.

Enclosure



05/16/95

COVENANT METROPOLITAN
COMMUNITY CHURCH
5117 FIRST AVE N BOX 101473
BIRMINGHAM AL 35210

RE: Sexual Misconduct Screening Materials

Dear Church:

You recently submitted an application to our Company for coverage on your church properties. We appreciate the opportunity to serve you and want to thank you for your business.

You advised us that you did have a program in place for screening your employees and volunteers, but would be willing to work with us to strengthen your program if supplied with appropriate materials.

We are enclosing a brochure "Your Church and Sexual Misconduct, A Growing Awareness" that may provide you with indicators of proper practices to have in place.

We are also enclosing for you a workshop leader's guide and participant's guide to assist in the implementing of a prevention and screening program. These are supplements to a 24 minute videotape entitled "Reducing The Risk".

"Reducing the Risk" is dynamic and effective. It is further discussed in the enclosed memo from Jack Kelly, Sr. Vice President. It sells for \$15.00 and includes a 90 page guidebook and a comprehensive training manual.

If you would like to order the video or additional copies of the work-shop guides, please complete the enclosed order blank and return it to Preferred Risk Mutual Insurance Company.

We are committed to working with you on this serious and mutual concern. **Please let us know your plans** to further address the need for policies and procedures to safeguard children from sexual abuse. **It is important that we hear from you within 25 days.** To help you in this, please find the enclosed **REPLY FORM** and postage paid envelope.

Thank you for the privilege of serving you. If you have additional questions, please call 800-247-4176, ext. 5156.

Sincerely,

Ray Knight, Director
Commercial Marketing

Enclosures: Your Church and Sexual Misconduct Brochure
Workshop leader and participate guide
Memo - Jack Kelly
Order blank
REPLY FORM and envelope

FACT SHEET

Domestic Violence: A National Problem

Approximately 15% of the women in domestic violence shelters are battered women.

In the United States, a woman is more likely to be sexually abused than to be physically abused by a partner or other family member.

An estimated 2 to 3 million American women are battered each year by their husbands or partners.

Domestic violence shelters for more women than before medical attention that took them to hospitals and emergency rooms.

Each year, more than one million women are hospitalized for injuries caused by domestic violence.

Domestic

DOMESTIC VIOLENCE PACKET

National Domestic Violence Hotline: 1-800-799-7233. The hotline is available 24 hours a day, 7 days a week, to provide information and referrals to domestic violence services.

Domestic violence is a crime. It is not just a family matter. It is a crime that can result in serious injury or death. If you are a victim of domestic violence, you should seek help from law enforcement.

Domestic violence is a crime. It is not just a family matter. It is a crime that can result in serious injury or death. If you are a victim of domestic violence, you should seek help from law enforcement.

It has been estimated that 25% of all rape victims are battered women.

In the United States, four women are killed every day by their male partners.

DOMESTIC VIOLENCE PACKET

FACT SHEET

General Facts About Domestic Violence

Approximately 95% of the victims of domestic violence are women.

In the United States, a woman is more likely to be assaulted, injured, raped or killed by a male partner than by any other type of assailant.

An estimated 3 to 4 million American women are battered each year by their husbands or partners.

Domestic violence accounts for more injuries that require medical treatment than rape, auto accidents and muggings combined.

Each year, more than one million women seek medical assistance for injuries caused by battering.

Domestic violence occurs among all races and socioeconomic groups.

National Crime Survey data show that women are the victims of violent crime committed by family members at a rate three times higher than that of men.

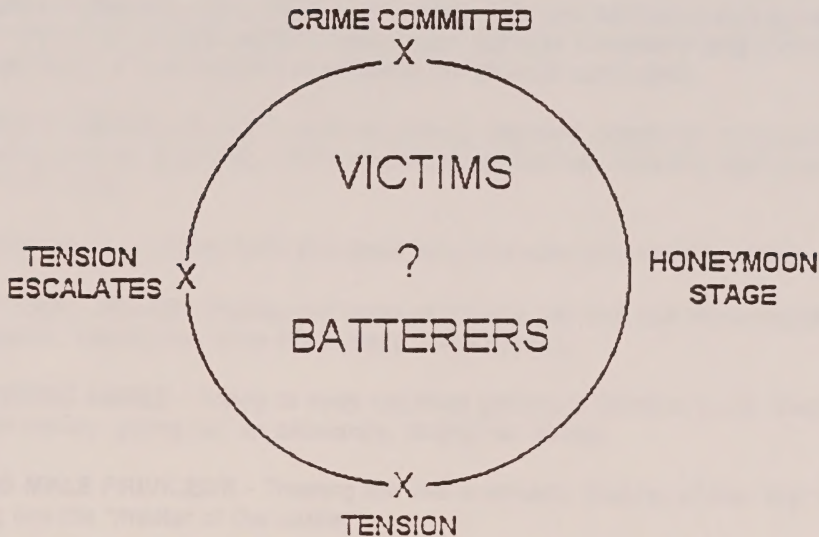
Battering often occurs during pregnancy. In records of one hospital emergency room, 21% of pregnant women had been battered. These women had twice as many miscarriages as non-battered women.

Illinois shelter research shows that 30% of battered women were physically abused during pregnancy.

It has been estimated that 30% of all rape victims are battered women.

In the United States, four women are killed every day by their male partners.

CYCLE OF VIOLENCE



The cycle of violence is a recurring behavioral pattern where the offender swings between affectionate, remorseful calm and periods of tense demands culminating in violence. The more times the cycle is completed, the less time it takes to complete. Furthermore, as the cycle is repeated, the violence usually increases in frequency and severity.

After a violent episode, the offender may be genuinely sorry for what he has done. He may regret and feel ashamed of his behavior. Often his worst fear is that his partner will leave him, so he may try as hard as he can to make up for his behavior. He may promise never to hurt her again. This means that following even severe or chronic abuse, the offender may be very penitent and determined to change. This is what the victim hopes for. However, observers of this pattern note that the honeymoon is all too temporary.

During these calm periods, the offender may seem fully in control and determined never to raise a hand again. Nevertheless, if nothing else has changed, the odds of the violence recurring are high.

The cycle of violence also works to undermine the victim's trust in her perceptions and experiences. For example, she might ask herself, "How can this gentle, remorseful man now crying before me be the same person who broke my jaw last Sunday night?" In an attempt to resolve this contradiction, the victim will often minimize the level of violence she has experienced and begin to tell herself that maybe he really wasn't that violent.

POWER AND CONTROL ISSUES

Domestic Violence is about power and control. It is one person's need to have dominance over another person. The partner trying to overpower and control the other will use many of these tactics to establish the desired dominance.

PHYSICAL ABUSE - Pushing, shoving, hitting, slapping, choking, pulling hair, punching, kicking, grabbing. Using a weapon against her, throwing her down, twisting arms and biting.

ISOLATION - Controlling what she does, who she sees and talks to, where she goes.

EMOTIONAL ABUSE - Putting her down or making her feel bad about herself, calling her names. Making her think she's crazy. Mind games.

ECONOMIC ABUSE - Trying to keep her from getting or keeping a job. Making her ask for money, giving her an allowance, taking her money.

USING MALE PRIVILEGE - Treating her like a servant. Making all the "big" decisions. Acting like the "master of the castle."

INTIMIDATION - Putting her in fear by: using looks, actions, gestures, loud voice, smashing things, destroying her property.

THREATS - Making and/or carrying out threats to do something to hurt her emotionally. Threaten to take the children, commit suicide, report her to welfare.

SEXUAL ABUSE - Making her do sexual things against her will. Physically attacking the sexual parts of her body. Treating her like a sex object.

USING CHILDREN - Making her feel guilty about the children, using the children to give messages, using visitation as a way to harass her.

DOMESTIC VIOLENCE: A PROGRESSION OF ABUSE

Domestic Violence is any physical or psychological abuse that occurs within an ongoing relationship. It usually begins with small, socially acceptable attempts to establish power and control, and it tends to become progressively more destructive. The following shows how abuse and violence progresses in a relationship.

PHYSICAL ABUSE

1. Pulling hair
2. Twisting arm
3. Spitting
4. Pushing
5. Shaking (bruises)
6. Slapping
7. Choking
8. Punching
9. Black eyes
10. Kicking
11. Hitting abdomen when pregnant
12. Emergency room necessary
13. Hitting with objects
14. Broken bones
15. Paralysis
16. Using weapons (gun, knife)
17. Attempted Murder
18. Murder

PSYCHOLOGICAL ABUSE

1. Rigid sex requirements
2. Insulting, humiliating
3. Yelling
4. Ignoring
5. Jealousy
6. Fist through wall
7. Destruction of property
8. Threats
9. Isolation
10. Blaming victim for violence
11. Labels "bitch," "crazy,"
12. Dependency(transportation)
13. Invasion of privacy
14. Threats, custody, kidnap, kill
15. Hurting/isolating children
16. Threatening with weapons
17. "You'll never get away"
18. Learned helplessness

The relationship becomes increasingly violent based on need and fear. Because of the combination of psychological abuse and physical violence, the process contains elements of brainwashing - noncontingent violence, labeling, blaming, and dependency - and eventually results in the learned helplessness of the victim. Every member of a family caught in the progression of violence suffers from its effects, with children usually carrying violence and abuse into the next generation.

Domestic violence progresses and gets more and more destructive, and the couple alone are unable to stop it. One of three things will eventually happen:

1. **Separation/Divorce:** Threats, abuse, and violence often continue even after divorce; and future relationships often begin the cycle again. The problem often is not solved solely by ending the relationship.
2. **Death:** The couple who remains together, with no counseling, become increasingly unhappy with their violent, abusive relationship. As the violence progresses, the risk to everyone involved increases and someone may eventually die as a result.
3. **Counseling or Therapy:** Both men and women need support and help to stop the pattern of abuse and violence in their relationship. For men who enter therapy and remain for the initial three months, chances of continuing therapy and making a significant change are excellent.

CHARACTERISTICS OF A BATTERED WOMAN

Is not aware that a crime has been committed against her person.

Is not firmly convinced of her right to be free from violence.

Is economically dependent.

Fears danger to self and children if she attempts to leave.

Fears losing custody of children. Fears that if she leaves without them she will be accused of abandoning them and/or the father may hurt them in her absence.

Fears father may kidnap children and she may never see them again.

Fears emotional damage to children.

Fears retaliation.

Fears court involvement.

Fears that husband is not able to survive alone due to his emotional dependence.

Fears loneliness - has been dependent on mate for input about her value as a person.

Is insecure about potential independence and lack of emotional support.

Feels guilty about failure of marriage.

Feels cultural and religious constraints. Divorce may not be considered an acceptable alternative.

Experiences social isolation due to shame, resulting in lack of support and information.

Believes that husband will change.

Lacks alternative housing.

Lacks job skills.

Has ambivalence and fear over making formidable life changes.

Lacks self-esteem. Feels her human dignity has been violated by the physical assault. Basic belief and trust have been damaged. Often experiences a sense of shame, degradation, and tends to blame herself. Since previous responses have proved useless, she has learned to feel helpless, often called learned helplessness.

General Indicators of Abuse

Injuries are not likely to be caused by the accident reported.

Woman minimizes the frequency and seriousness of the injuries.

Woman presents herself for treatment one or more days after the injury.

Woman states she is accident prone.

X-rays show old and new fractures in different stages of healing.

Woman makes repeat visits with injuries becoming more severe as the frequency of visits increases.

An overprotective mate is present who does not want the woman to be left alone with the health care professional.

Woman seeks treatment for miscarriage or early labor.

Woman frequently presents herself with somatic complaints.

Woman attempts suicide or takes a drug overdose.

Patient or partner has a history of substance abuse.

Woman presents a mental or psychiatric complaint.

(Adapted from Guidelines for the Treatment of Battered Women Victims in Emergency Room Settings(1985), D. L. Sheridan et al, with permission from the Chicago Hospital Council)

Common Psychological Reactions of Abused Women

Fear of further abuse or death

Low self-esteem

Anxiety

Depression

Sense of helplessness or hopelessness

Diminished self-confidence

Repressed or expressed rage

Guilt

Overwhelming apprehension/worry

Suicidal thoughts, gestures, and/or attempts

Increased forgetfulness

Impaired ability to make decisions

Sleep disturbances

Panic attacks

(Adapted from Guidelines for the Treatment of Battered Women Victims in Emergency Room Settings (1985). D. L. Sheridan et al, with permission from the Chicago Hospital Council)

Healthy Start Staff

CLIENT ADVOCATES

A. Staff Roles

1. Practical Helper and Educator

Many callers are uninformed as to where and how to go about seeking the kind of help they need. Staff can provide them with the information they need to take action on their own behalf - especially in the legal, medical and social service areas - and can sometimes help them to arrange the necessary appointments with appropriate personnel. In some cases, there may be several options in agencies or persons that provide the same or similar services. **Those who are being counseled should be informed as to all of their options.**

2. Advocate

The victim may well be unfamiliar and, therefore, uncomfortable with medical, legal and social service agencies and authorities. Often, in proceedings (particularly legal), the victim will become lost in the action and her needs may not be fully met. **As her advocate, the staff should stay in contact with medical, legal, and social service authorities in order to keep her informed about what is happening, and in order to ensure that the appropriate personnel are taking as much action as is possible in her case.** Advocacy should be done tactfully, but with resolve and persistence, if necessary. Staff will not just be functioning as a personal or peer advocate, but **also as a representative and advocate from their parent organization.**

Remember, that as an advocate, it is very often advantageous to ask to speak with supervisory personnel if the client is not getting the needed services and satisfaction. Again, this should always be done with tact and diplomacy.

3. Support Person

The role here is to provide the victim with **emotional support** - to encourage her to talk about her experiences and to help her to identify and understand her feelings. **The presence of a concerned person will help her to realize the importance of her feelings.** Support can be a tremendous help to her at all stressful times.

Healthy Start

B. Types of Clients

1. Variations in Background

The victims of domestic violence **cannot be** stereotyped or categorized. Domestic violence is a problem that cuts across economic, ethnic, educational, and social divisions. The victims seen may be any age.

2. History of Being Assaulted

Most times, the women you serve will have a history of being physically abused by their husbands or boyfriends. There may be some women who are experiencing a state of crisis, either because of the severity or cruelty of a beating just recently received, or because a recent beating has pushed them into the awareness of a sense of complete despair or desperation. On the other hand, some of the women who come for help are not emotionally in a crisis state. Rather, they have been **living in a nightmare** for quite a long time and have come to **seek assistance in changing their lives and solving their problems.**

C. Initial Interview/Intake

In the first contact with a new client, **it is important to remember that there is most often a great deal of anxiety involved in initial help-seeking efforts.** The following are some of the possible reasons for this anxiety. The client may mention her concerns; if she does not, staff might explore these following sources of anxiety with her because she might feel reluctant about initiating such a discussion.

1. Fears that Interviewer will be Judgmental

If the beatings have been going on for an appreciable period of time, the client may be especially worried that her worker will be critical or judgmental in attitude.

The client must be assured that the interviewer will not be critical or judgmental, and understands that motivations for any action or lack of action are complex. It is very important, when counseling, to be aware of personal feelings about the client. In order to be an effective support person, feelings must not be allowed to color his/her work. Not all of the victims encountered will be likeable,

nor may the worker agree with their way of thinking. A worker must honestly face these negative attitudes or they will leak out in non-verbal communications with the victim.

Some of us may have more difficulty than others in accepting the fact that some clients that we see may not want to leave the man who physically abuses them, let alone press criminal charges against him. This is the client's decision to make. She should be advised of her options; made aware of the support that she can expect from you; from your organization; from legal authorities; etc., and she should be encouraged to follow through on legal proceedings if she is so inclined. She might not want to do so at present, but may change her mind in the future. If she does decide to stay with a physically abusive man, the worker can help her clarify why she has made the decision.

2. Embarrassment in Labeling Self as "Battered Woman"

Because of society's attitude towards the victims of domestic violence (they must like it; they are getting what they deserve; if they were better partners, their partners wouldn't have to beat them; etc.), the client may feel embarrassed to identify herself as a "battered woman." It is important to assure the client that she need not feel embarrassed at being a victim - that it is not a reflection on her character or her worth as a human being.

3. Confidentiality

The victim may be concerned about her assailant finding out about her visit or her phone call, and be worried about physical retaliation.

The client should be assured that everything she says and the very fact that she is seeking help is to be held strictly confidential. She is to be assured that no information will be released to anyone without her consent.

4. Commitments

The victim may be worried about what kind of commitment to action she is making in coming to Healthy Start. She may be worried that, against her inclination, she will be pressured into filing for divorce or pressing criminal charges.

The client must be assured that her needs will be met as SHE defines them, that Healthy Start has no intention of pressuring her to do anything. Encouragement to follow through on her intentions - yes - pressure never!

Some or all of the above mentioned fears may be so overwhelming that the client may not show up for a scheduled appointment. Having a client not show up for an appointment is always a frustrating experience for a support person. A telephone call in which the counselor helps to identify/alleviate the concerns that kept her from coming, can often open or reopen the channels of communication. Above all else, it is important to stress that anxiety - when seeking help - is normal and that, as rapport builds, her anxiety level concerning your meetings should decrease. Also, there may well be reasons other than those mentioned that caused her to miss her appointment. Some real detective work may have to be done to fret them out, and it is quite possible that the client herself cannot label the concerns that prevented her from coming to the appointment. **Caution: The obvious should not be overlooked, such as - Was transportation or child care a problem? Did the husband or boyfriend prevent the client from coming?**

D. Setting Limits

Staff must set personal limits as to time and energy commitments to the clients seen - e.g., how long a session will last; whether or not is desirable for her to call staff at home or at work. When seeing a woman for an appreciable time period, she should be advised if staff is going out of town for an extended period of time.

It is important not to get into the "**rescuer syndrome**" and take on more tasks than we can handle. There are two reasons for this. First, it is **not good for** the victim to become too dependent on staff to solve all her problems. She needs to be taking responsibility for and working towards her own problem resolution. Too much dependency will impede her progress. Second, it is **not good for** staff. If one over-extends and takes on too many tasks, she will eventually be overwhelmed and resent the victim's requests.

It is important to set limits with the victim on just how much staff can do for her. The possibility of the client seeing someone else with more expertise should be considered. It is far better to recognize limitations and make a good referral than to continue a frustrating counseling experience.

E. Range of Emotional Reactions

The following is a list of feelings victims typically experience. Not all victims will have each of these feelings and there are many not listed, but these are issues to be aware of and prepared for in the counseling experience.

1. Loss of Control - Helplessness

Feeling at the mercy of someone's mood fluctuations and outbreaks of temper is a very frightening and frustrating way to live. This can easily lead to a feeling of having no control over life. In the study by Eisenberg and Mickelow, it was found that abused women said that most of the attacks were unwarranted and totally unexpected. Some women were even attacked and beaten while sleeping.

Efforts to seek help have often proven to be dead-ends for many of these women - again leading to feelings of helplessness.

Tremendous fear may result and/or a sort of emotional paralysis, so that the victim feels passive and experiences all that happens around her as being done **to her**. It is important to help the victim get back in control of the situation and this can be done in many ways. Helping her to **identify her feelings is one way to calm her chaotic state of mind**. **Getting her to seek the medical, legal, and social service attention she needs will help her take action on her own behalf.**

Again, **it is of crucial importance that staff only help her make the decisions - if she is told what to do, it will only increase her sense of helplessness and lack of control**. Further, she may lean too heavily on staff for decisions in the future - if decisions are made for her at this time.

2. Fear

It is important to reassure the client of the confidentiality of her help-seeking contacts (except for filing a criminal complaint against the assailant). She should be helped to make a realistic assessment of her imminent danger. If she is not living with the assailant, suggestions can be made about **changing locks** on the doors, locking windows, etc. If she is living with the assailant and is in imminent danger, suggestions should be made for at least temporary, alternative housing; legal measures such as divorce or prosecution or restraining orders may be the route to take; but the client should never feel pressured into this route.

3. Anger

All victims will be experiencing anger - at some level - about their situation. Some victims will be able to express their anger directly toward the assailant, but others will not. It is very important to help the victim express the anger and to get it focused in the proper direction; that is, at the assailant.

If this is not done, the victim may well internalize the anger - getting angry at herself instead of the assailant - thus leading to feelings of guilt and self-blame. At other times, the victim may ventilate the anger towards police, medical or social service personnel, or staff.

4. Guilt

Guilt often has its roots in misdirected anger - anger turned inward. Guilt also arises from some all too commonly held beliefs that if a woman gets beaten, she deserves it. Therefore, it indicates that she must be a bad woman, wife, or mother. Another belief is that women are - by nature - masochistic and, thus, expect and enjoy physical abuse. **It is important to explore these beliefs and misconceptions with the victim, to let her know that her support advocate does not believe these things are true.**

5. Embarrassment

A woman may well feel embarrassed to admit that she is a battered woman. She may be ashamed of her scars. She may feel foolish to have made a domestic commitment to a physically, abusive man, as well as, ashamed of herself to put up with repeated beatings. Considering the embarrassment that a victim of domestic violence might well feel, she may have never discussed her problems or feelings with anyone. In such cases, she will really welcome the opportunity to ventilate in a supportive atmosphere.

As Client Advocates, we must remember that each person has complex needs that motivate them to make decisions. Most of us have, at some point in our lives, misjudged another person's character, or believed in the sincerity of someone's assurances, that they would change for the better. The victim must be reminded that there is no reason to be ashamed of making mistakes, but it is beneficial to remember the experiences and learn from them.

6. Doubts About Sanity

Some women have fears of insanity, particularly if they have strong feelings of lack of control. Living in constant fear of physical assault can have many emotional ramifications which may lead a victim to isolate herself socially. **Once socially isolated, she has no one to confirm her sanity.** Her only input is from her assailant and from herself.

F. Interviewing Skills and Techniques

1. Listening and Summarizing

The most fundamental aspect of good counseling is the ability to listen. Good listening demands intense concentration. Effective listening also demands, not only that the interviewer hear and understand what is being said, but that she/he also hear and understand what is being communicated through silence. Frequently, the impact behind what was not said suggests clues about sources of difficulty. Again, a client should never feel pressured into discussing anything that she doesn't want to talk about. The volunteer should be aware of topics that are emotionally stressful for the client. After trust and rapport have had time to build up, the volunteer may want to gently pursue these areas. Body language (the way a client sits; whether she looks the interviewer straight in the eyes; whether she rocks; wrings her hands; etc.) should be carefully observed, as it offers important data to the counselor. Discrepancies between verbal and non-verbal communication should be noted by staff and, if the atmosphere is appropriate, the discrepancies should be pointed out to the client.

For example, a woman is discussing how terribly angry she is at her husband, but is smiling as she speaks. This could be purely a nervous reaction or it could be an indication that she has difficulty in expressing her anger or dissatisfaction. This is all too common a problem and we must remember that if anger is not focused at its source, it is often turned inward, which leads to feelings of depression and guilt.

It is important to remember that there is a great difference between hearing and listening. It is a very helpful technique to summarize the important aspects of what you have understood from a client's verbal and non-verbal communication. Such a summary should never be put forth as a statement of fact. In other words, it is not appropriate to say, "I can see that you are very angry," but rather to say something like, "It sounds to me like you are feeling very angry." We must never assume that we understood or that a message came through clearly, without first verifying it.

Summarizing can be very important for four reasons:

- a. It gives the client a chance to point out things that she felt were misunderstood or that she needs to clarify.

- b. It gives the client assurance that staff really is listening and trying to understand her.
- c. By the summary, the client may well be helped to better clarify and conceptualize what she had previously thought was a complex maze of data.
- d. Ascertain whether the client has listened attentively and understood what you have said by asking her to summarize your communication to her.

2. Sorting Aspects

A victim may feel so enmeshed in her problems, that there seems no logical way to begin fighting her way out. It is important to help the client to sort out different aspects of the problem; to label each aspect of her situation. A problem will usually not appear as overwhelming and unyielding if its components can be identified and labeled.

If the client is planning to make dramatic changes in her life - such as leaving a man who she has been with for a long time - there are many decisions to be made and changes to plan. Labeling and discussing each category of change can often help reduce anxiety. A client in this type of situation, may need help in prioritizing. Her options should be fully explored and discussed.

3. Labeling a Client's Feelings

The range of feelings that a victim often experiences has been previously mentioned. As an outsider, staff will be able to hear her feelings more clearly than she can recognize them and can help her label her emotions. Very often, simply getting her feelings named will relieve her greatly. It will bring some order to the chaos she is experiencing. A client may be feeling a good deal of ambivalence. She may feel that she both loves and hates her assailant. In such a situation, it can be useful to ask the client to identify the positive aspects of her husband or boyfriend, and the negative ones. Writing the positive and negative traits of the man on different sides of the same piece of paper can be helpful in gaining a better grasp of her feelings.

4. Ventilation

With good listening and labeling skills, the staff can provide the client with a supportive atmosphere in which to ventilate her problems, anxieties, fears, etc. She may need staff to function primarily in this role for the first few sessions. After a reasonable period of time, the client must be offered direction and encouragement to take positive steps to solve her problems. Ventilation is important but is usually not enough. It won't do the client any good to center her happiness around her sessions, if no other steps are being taken to make her life a better one.

G. Appraisal of Strengths and Assets

Many of the clients who seek help, feel weak, defeated, and helpless. It is important to help them get in touch with and believe in their strengths and assets. It is often therapeutic to ask a client to list her assets and strong points as a person. This may sound like an easy question to answer - experience will show it to be quite the contrary. Most of us would probably have difficulty ourselves, answering such a question. The client will probably need a lot of encouragement and patience to get started. It is quite possible that she will be unable to say even one positive thing about herself. In such a case, it would be a good idea for staff to give her an honest and realistic appraisal of what some of her strengths and assets appear to be. If she sees that staff believes in her, it may well be a first step to her believing in herself. The very fact that she came for help shows that she has not given up and has the strength, the will, and the resolve to work for her own happiness.

The Support Advocate should also emphasize the client's external strengths, such as family and friends.

H. Realistic Goals and Sub-Goals - Defining These Behaviorally

At all points in the advocate experience, both the client and the advocate should be clear on the goals toward which the client is working. Since family violence is a multi-dimensional problem, she may be working with several long range goals. The client sets her own goals, with advocates assistance in objectifying and offering support and assistance in meeting them.

Objectifying a goal means putting it in behaviorally specific terms. For example, a Non-behaviorally specific goal would be "I want to start a new life." A Behaviorally specific goal would necessitate defining "new life", such as "I want to get public assistance until I can find a job," "I want to move to Ohio to live with my sister," etc.

DEVELOPING A SAFETY PLAN

Battered women can and will evaluate their own situations. The health care provider gives realistic assessment of the situation and thereby encourages an informed decision. Be honest about the services and resources you can provide.

After assessing a woman and her situation, plans for her safety should be discussed. First, ask her if she feels safe and help her look for available options.

1. Help the woman identify her own strengths and possible resources from family and religious ties.
2. Does she have family and friends with whom she can stay?
3. Does she want immediate access to a shelter? If so, provide her with a telephone number and a private telephone.
4. If she doesn't want immediate shelter access, give her shelter information to access at a later date.
5. Make referrals to police and/or legal resources such as domestic violence programs in the community or victim's advocate.
6. Does she have a disability that requires assistance?
7. Give her a copy of the "Guidelines for the Woman in a Battering Situation." (See appendix G)

Battered women often leave 5-7 times before they actually leave for good. They need time to develop resources, test support systems, gather strength, etc. As health care providers, we must recognize that battered women need to make their own decisions and need support for those decisions. Health care providers empower women by this action and encourage the victim's own self-care, which is important. Survivors need the positive message that they are capable of making decisions. Decisions must be made with safety, information, and emotional support in mind for the survivor.

Appendix G

GUIDELINES FOR A WOMAN IN A BATTERING SITUATION

CALLING THE POLICE

Partner abuse is a crime and is punishable under the criminal laws of the state. Calling the police means you are asking for immediate protection to stop the abuse. When you call the police, if they have "probable cause" that battering has occurred, they may arrest the batterer, make a written report of the abuse, and provide you with referral information for services for battered women in your area. Tell the officer the specifics of the assault, read the report before they leave, obtain the officers' names and badge numbers in case you have any questions later, and record the incident or report number. You have the right to have a report filed. This does not mean you are pressing charges. You may press charges by having a warrant issued for your partner's arrest or the district attorney or city prosecutor may issue a warrant on their own. To find out how to request that a warrant be issued, call your local police or sheriff's office.

EMERGENCY MEDICAL TREATMENT

Many assaults require emergency treatment. You may have had negative experiences before when attempting to receive help from health care providers; however, increased awareness and sensitivity to the battered woman has improved the physician's and the nurse's response to the problem. Even if you feel your injuries are "not very bad," you may be injured more than you think. Further, a nursing/medical report documents your injuries and may help should you decide to seek legal assistance.

GO TO ANY EMERGENCY ROOM

If your injuries are serious, call an ambulance, friend, relative, or the police for help.

CONTACT YOUR ROUTINE PHYSICIAN OR NURSE

Perhaps your health care provider will meet you at his or her office.

DESCRIBE CURRENT AND PAST BEATINGS

Describe current and past beatings to the health care provider. This is especially important if you are pregnant.

OBTAIN A COPY OF YOUR MEDICAL RECORD

This can be important if the District Attorney files charges for the assault.

If your physician prescribes medication, ask for the name of the drug and the reason it is being prescribed. Be cautious of tranquilizers. They do not solve the problem of battering; however, sometimes they may be valuable in providing you with rest (the exception is during pregnancy).

LEAVING HOME

You may find that during, after, or when anticipating a beating you must leave. Your life or your children's lives may be threatened. Advance planning is necessary.

1. Pack an extra set of clothes for yourself and children. Store the suitcase with a friend or neighbor. Pack extra toilet articles, medications, and an extra set of keys to the house and car.
2. Have extra cash, checkbook, or savings account book hidden or with a friend. It is especially important to secure identification for yourself and your children, such as birth certificates, social security card, voter registration, driver's license, or marriage certificate. These may be necessary to enroll children in school or to obtain financial assistance. Also, keep your medical records where they are accessible but protected.
3. Take something special or meaningful for your child, such as a doll, toy, or book.
4. Take any important financial record, such as rent receipts, title to the car, etc.
5. Know exactly where you could go and how to get there even if the battering should occur in the middle of the night. Explain the plan to the children.

REMEMBER: If you feel your safety is in danger, get out of the situation even if you haven't been able to plan any of the above suggestions.

SUGGESTIONS FOR HELPING

Do you know some in a battering relationship? Do you suspect that a friend, relative, or someone you know is being abused? If so, don't be afraid to offer help - you just might save someone's life. Here are some basic steps you can take to assist someone who may be a target of domestic violence:

Approach her in an understanding, non-blaming way. Tell her that she is not alone, that there are many women like her in the same kind of situation, and that it takes strength to survive and trust someone enough to talk about battering.

Acknowledge that it is scary and difficult to talk about domestic violence. Tell her she doesn't deserve to be threatened, hit or beaten. Nothing she can do or say makes the abuser's violence OK.

Share information. Show her the Warning List, Violence and Non-Violence Wheels. Discuss the dynamics of violence and how abuse is based on power and control.

Support her as a friend. Be a good listener. Encourage her to express her hurt and anger. Allow her to make her own decisions, even if it means she isn't ready to leave the abusive relationship.

Ask if she has suffered physical harm. Go with her to the hospital to check for injuries. Help her report the assault to the police, if she chooses to do so.

Provide information on help available to battered women and their children, including social services, emergency shelter, counseling services, and legal advice. To find this information, start with the Yellow Pages.

Inform her about legal protection that is available in most states under abuse prevention laws. Go with her to district, probate, or superior court to get a protective order to prevent further harassment by the abuser. If you can't go, find someone who can.

Plan safe strategies for leaving an abusive relationship. These are often called "safety plans." Never encourage someone to follow a safety plan that she believes will put her at further risk. And remember that she may not feel comfortable taking these materials with her.

* This page is geared toward women because the majority of domestic violence is perpetrated against women. It is important to emphasize, however, that violence occurs to others as well, and is equally unacceptable.

REFERRAL NUMBERS

FAMILY VIOLENCE CENTER (24 hour Crisis line)	322-4878
PROJECT SAFE (for City of Birmingham only)	780-6127
YW COURT ADVOCATES	521-9650
UNIVERSITY HOSPITAL EMERGENCY ROOM	934-5100
RAPE RESPONSE	323-7273
CRISIS CENTER	323-7777
JEFFERSON COUNTY DEPARTMENT OF HUMAN RESOURCES	918-5100
CHILD PROTECTIVE SERVICES	324-2135
LEGAL SERVICES	328-3540
AL CRIME VICTIM'S COMPENSATION	325-5252
AL STATE BAR REFERRAL	1-800-392-5660

